

EXHIBIT 23

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From: Barbara Pawlaczyk <[REDACTED]>
Sent: Thursday, November 19, 2020 2:18 PM
To: Andrew Vosburgh; Barbara Pawlaczyk
Subject: Dr. Elzein, app on Nov 23, 2020
Attachments: Dr. Elzein-feedback from IM faculty November 2020.pdf; Dr. Elzein - Nov 11 2020, residents' feedback.pdf; Dr. Elzein-semiannual feedback October 12, 2020 PGY 1.pdf; Dr. Elzein - evals from seniors fall 2020.pdf; PD Touch Base with Dr. Elzein October 7 2020.pdf; Remediation Plan - A. Elzein, MD 2020.pdf; Dr. Elzein-video feedback Sept 30, 2020.pdf; Dr. Elzein milestone fall 2020 PGY 1.pdf; Dr. Elzein-evaluations from attendings fall 2020.pdf

Dear Dr. Vosburgh,

Please see the information below re:

Ahmed Elzein, MD
DOB [REDACTED], 1992

Graduated from University of Khartoum Faculty of Medicine in Sudan (Sept. 2016).
2017-2019 - had some volunteering experience in various hospitals and other health care settings in MI, Indianapolis and California
Hobbies-"volunteering, travel, playing soccer"

USMLE exams (usually the pass score is 199-209)
Step 1 - 220
Step 2 - 230 (no Step 2 clinical exam)

Residency: Internal Medicine Residency, AGH, started July 1, 2020

Dr. Elzein's training started on July 1st, however he joined current PGY 1 group in June, during the second week of the interns' orientation. He was offered a position in our program late June when we had an unexpected opening. Because of this delay, he did a research rotation the first week of his training. By the second week all required documents were updated and he started his anesthesiology rotation.
By October 2nd, he did the following rotations: Research/Anesthesiology, SICU, IM staff and 2 weeks of Women's Health.

Since the beginning of his training Dr. Elzein has been described as "shy", "quiet", "behind", "awkward", "needing a lot of continued supervision, repeated directions (patients' care and administrative aspects of the program), and having "poor medical knowledge". It was very obvious that he was significantly behind his peers.

Initially we thought that Dr. Elzein's performance could have been explained by his education (graduated from a foreign medical school), lack of hands-on clinical experience (2016-2020), his introverted personalities and cultural differences.

I have met with him several times in the first 3 months. These were informal meetings so unfortunately I did not document my every encounter with him, however every time we have discussed his experience in the program, needs, areas that I and faculty could help with. Every time he said that he was doing well and he did not have any questions. We discussed the difference between his training back home and in US, as well as the cultural differences (ie: for a student in Sudan, it is unheard of to ask professors any questions). Since the beginning of his training Dr. Elzein was provided proper supervision and support and was assured that everyone in the program has his best interest in mind and will help him to adapt and advance in his training. I held a formal mentor meeting with him in September 2020.

Rotations:

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Anesthesiology rotation - we have not received any feedback yet.

SICU rotation - please see attached evaluations; Dr. Elzein required "almost to be led by hand" on daily basis; he showed improvement by the end of the 4 week rotation; he seemed overwhelmed and withdrawn during this rotation

IM staff - Please see attached evaluation; I noticed that he was less stressed out, did not seem to be so apprehensive during my meetings with him

Women's Health, 2 week rotation - please see evaluation from Dr. Powers. Dr. Powers (OB attending) called me on October 2nd concerned with Dr. Elzein's behaviour ("awkward") and physical exam skills ("not able to do any exam, especially a sensitive exam").

I immediately contacted Dr. Elzein and asked him to be in the clinic on Monday, October 5th (instead of the ultrasound rotation).

Since that time. Dr. Elzein has been put on a remediation plan. He has been working mainly with IM core faculty, mainly Dr. Sandy.

Deficiencies in following milestones were noted:

As described in the remediation plan, we have noticed an area for improvement almost in every milestone, including **professionalism**. Dr. Elzein comes across as a very polite, mellow, introverted, avoiding eye contact. Initially he was tardy every time he was scheduled to be in the clinic despite the individually repeated education and reminders. He always was giving the same explanation - "trouble with cars", however he has been using the same car to get to the hospital and he has been able to get there on time despite the earlier (6AM) than clinic start (7:30AM time). He also was noted to "fabricate" patients' information when asked for details (ie: said that pt is non-smoker even though there was documentation in the chart that the patient was a smoker).

Medical Knowledge - 52 % on ACP ITE exam (class average 61%)

He failed FCCS course (critical care course) despite taking the same exam twice. He was given extra time to remediate and told us that he felt like he was ready to retake the exam, however he failed it the second time.

Patients' care - has been suboptimal secondary to the gaps in medical knowledge and frequent inability to apply his medical knowledge in patients' care (ie: unable to list a differential diagnosis or formulate a treatment plan) as well as **communication and interpersonal skills**.

System based practice - this is more pertinent to the basic information about the program and hospital policies (ie: he would not know what time should he be in the clinic, where should he report for a rotation, etc. This information is available in IM manual and was provided to him and other interns. Every other intern knew what the expectations were.)

Since the remediation plan started (October 5, 2020) he was noted to have some improvement in his awareness of the expectations and patients' care until Nov 11 when I had to escort him to ED for further evaluation. On Nov. 11, 2020 residents called me concerned with Dr. Elzein's paranoid behaviour (he called security to check his locker to make sure that there is no bomb there. He told me that he saw a "man without a badge coming to the interns' room and putting something in a locker". He was videotaping other residents to make sure that he had proof "for a later time" that they were planning to hurt him. He told me that "now since the election results are known, he needed to be more careful"). He did appear paranoid, constantly looking around himself and at the door as he was expecting someone to come in any time. He did not feel safe and was afraid that someone was going to hurt him. He initially was agreeable to go to ED, then refused (after talking to his "family friend"). Finally he decided to go voluntarily. I escorted him to ED together with one of the PGY 2 residents who has been with him that afternoon. I did stay with him until the room in ED was available and left shortly after that. Dr. Elzein asked me politely to leave ED. After I left, he initially refused to stay in ED but later on agreed and was transferred to inpatient psychiatric hospital.

Last week residents found a vape in their call room. I was told that Dr. Elzein said that it was his and he put it in his pocket.

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Dr. Elzein called me 2 days ago telling me that he left the hospital, felt much better and was told that he could come back to work on Nov.23, 2020. He also told me that he was going to see a psychologist this Saturday, Nov 21, 2020 to "discuss stress and coping skills".

Today he called a psychologist who works with us as a faculty (Dr. Kirkpatrick).

I was told that he had an appointment with you on Nov 23, 2020 and he was already informed about this appointment by your staff.

Please let me know if you need any more information or have any questions. I can be reached at 248- [REDACTED].

Sincerely,
Barbara Pawlaczyk, MD, FACP
Program Director
Internal Medicine Residency Program
Ascension Genesys Hospital
810-606-5000